



**Holistic Connections, LLC  
Stacy Pettitt, LICSW**

RELEASE OF INFORMATION

I, \_\_\_\_\_ DOB: \_\_\_\_\_ do hereby authorize Holistic Connections, LLC Stacy Pettitt, LICSW, a licensed treatment provider to: **(place initials next to all that apply):**

\_\_\_\_\_ **Release to** and/or \_\_\_\_\_ **Receive from** the following person or institution, information obtained in confidence from me:

**Disclose this information to:** Erik Bayona, MD, psychiatrist and prescribing physician

**Address:** 167 NE Kamiaken Pullman, WA 99163

**Place your initials on all that apply:**

**MENTAL HEALTH COUNSELING RECORDS: This release is limited to the following information**

\_\_\_\_\_ Any and all information in record including, but not limited to history, diagnosis, progress in and/or response to treatment and prognosis

\_\_\_\_\_ Psychological evaluation, including testing, and results, treatment, discharge summaries and reviews

\_\_\_\_\_ Other: \_\_\_\_\_

THE INFORMATION REQUESTED/RELEASED IS FOR THE PURPOSE OF

\_\_\_\_\_ Evaluation \_\_\_\_\_ Treatment Planning \_\_\_\_\_ Coordination of Services \_\_\_\_\_ Other \_\_\_\_\_

I authorize the receipt or release of psychiatric records, mental health records and HIV/STD related information as applicable. I understand that my records are protected under the Federal/State confidentiality regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that my consent is subject to the written revocation by me at any time except to the extent that action has been taken in reliance on it e.g. court related, probation, parole, etc.” **(Consumer initials \_\_\_\_\_)**

**This release of information is valid for 90 days past the date of discharge from Holistic Connections, LLC or unless otherwise specified below (Please specify the date, event or condition upon which this consent expires):**  
\_\_\_\_\_

**I acknowledge that the information to be release was fully explained to me, and this consent is given voluntarily by me of my own free will.**

\_\_\_\_\_  
**Consumer** **Date**

\_\_\_\_\_  
**Clinician** **Date**